

## Feedback Form

We would be grateful if you would take a few minutes to complete this short questionnaire and return it in the pre-paid envelope enclosed.

**How would you rate the overall service provided by the crematorium?**

Poor   
  Satisfactory   
  Good   
  Excellent

**Please indicate your satisfaction with the following aspects of the service provided by marking an X**

Quality of music:	<input type="checkbox"/> Poor	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> N/A
Helpfulness of Crematorium staff:	<input type="checkbox"/> Poor	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> N/A
Cleanliness of chapel & facilities:	<input type="checkbox"/> Poor	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> N/A
Cleanliness of waiting room:	<input type="checkbox"/> Poor	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> N/A
Cleanliness of toilets:	<input type="checkbox"/> Poor	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> N/A
Appearance of Crematorium grounds:	<input type="checkbox"/> Poor	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> N/A
Appearance of Memorial Areas:	<input type="checkbox"/> Poor	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> N/A
Website Information:	<input type="checkbox"/> Poor	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> N/A

**Were you advised by the Funeral Director that there were different lengths of services available?**

Yes     No

**Was there any aspect of the funeral service that was unexpected or that you were not aware or advised of, by your Funeral Director?**

Yes     No

**Were you advised by your Funeral Director of the options available to you regarding the cremated remains?**

Yes     No

**In order to maintain the natural look of our gardens, we restrict the amount & type of personal items allowed. Do you agree with this policy?**

Yes     No

Borders Crematorium is committed to monitoring and improving our service to families. If you have any additional comments regarding the service that you received please use the space below. If you would like us to contact you regarding your comments or if you would like help to plan a memorial or final resting place of your loved one please provide your details below:

**Title:** ..... **First Name:** ..... **Surname:** .....

**Address:** .....

**Date of Service:** ..... **Postcode:** .....

**Email:** ..... **Mobile Telephone:** .....

**Thank you for taking the time to complete this questionnaire.**

Westerleigh Group will only use the information provided to monitor and improve service levels. Data will never be shared with a third party.